

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039707

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 5542 Registrar's No. 102

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 24 1963

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Bonne Femme		c. CITY OR TOWN Fayette	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give name) HOSPITAL OR INSTITUTION Boone Femme Twp.		d. STREET ADDRESS (If outside, give location) Boone Femme Twp.	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First AUBREY Middle IRVING Last NAYLOR		4. DATE OF DEATH Month Oct. Day 11. Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/5/1906
9. AGE (last birthday) 57		IF UNDER 1 YEAR Months 57 Days 57 Hours 57 Min. 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) State Highway Maintenance Laborer		10b. KIND OF BUSINESS OR INDUSTRY Howard County, Mo.	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Franklin Naylor		13b. MOTHER'S MAIDEN NAME Fannie Ella Hitt	
14. NAME OF HUSBAND OR WIFE Masie Lorene Wilhite		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. -----		17. INFORMANT Mrs Aubrey I. Naylor, Fayette, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Coronary Disease DUE TO (c) 2 yrs		INTERVAL BETWEEN ONSET AND DEATH Immediate	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour ----- a.m. ----- p.m. -----	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Fayette, Missouri	
21. I attended the deceased from Oct 11-1963 to 10-11-63 Death occurred at 2:00 m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE W. A. Bloom M.D.	
22b. ADDRESS Fayette Mo		22c. DATE SIGNED 10-14-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/14/1963	23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cem.	
23d. LOCATION (City, town, or county) Fayette, Missouri		23e. REGISTRAR'S SIGNATURE Katherine Welch	
24. FUNERAL DIRECTOR Ralph A. Orr		25. DATE RECD. BY LOCAL REG. 10-14-63	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 2 1964

OCT 24 1963

Permit issued 10-14-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.